

## Functional Assessment Screening Patient Reported Information: FAST-PRI

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<b>Organization:</b>	University of Pittsburgh at Pittsburgh
<b>Mechanism:</b>	PAR: HS08-270: Utilizing Health Information Technology to Improve Health Care Quality (R18)
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<b>Project Period:</b>	August 2012 – July 2015
<b>AHRQ Funding Amount:</b>	\$1,200,000

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**Summary:** Tobacco, physical activity, and poor mental health-related quality of life (HRQoL) are major causes of morbidity and mortality that are not being adequately addressed by current systems of care. Health care providers are most effective in encouraging healthy behaviors and identifying factors that impact patients' HRQoL when they partner with informed, motivated, and engaged patients.

The study will be conducted in an academic medical practice which currently uses wirelessly-networked tablet computers, Functional Assessment Screening Tablets (FAST), to collect patient-reported information (PRI) while patients wait to see their primary care provider and makes PRI available to providers at the time of the patient's visit. This project evaluates a new health information technology (IT)-based tool used in this FAST-PRI intervention to provide patients with immediate, personalized, guideline-based feedback about tobacco use, physical activity, and mental HRQoL, and encourages them to take a more active role in their health.

The project team will conduct a 12-month randomized controlled trial of health IT patient feedback clustered at the physician level. Patients and providers will complete questionnaires regarding discussions of health behaviors and HRQoL at each clinical encounter. In addition, patient participants will complete questionnaires regarding smoking-cessation attempts, physical activity, and mental HRQoL, as well as self-efficacy and use of interdisciplinary referral at baseline, 6, and 12 months. Physicians will be surveyed on self-efficacy at baseline, 12, and 24 months. Referral data on health behaviors, HRQoL, and referrals will be abstracted from the electronic medical record.

Analysis of results will compare the physicians enrolled in the intervention and control arms with respect to training status (resident versus attending physician) and gender to assess imbalances that need to be considered in the analysis testing the intervention's effects. The team will compare patients in the intervention and control groups based on demographic characteristics such as age, sex, race, and number of medical comorbidities. They will also use demographic characteristics to compare patients in the intervention and control groups who complete the study to those who do not. Finally, the team will compare the impact of health IT patient feedback on changes in patient behavior, accounting for clustering by physician.

### Specific Aims:

- Use health IT patient feedback regarding study-designated PRI (i.e., tobacco use, physical inactivity, and mental HRQoL) to activate patients. **(Ongoing)**
- Assess the impact of health IT patient feedback on study-design PRI. **(Upcoming)**

- Evaluate potential mediators of the effectiveness of health IT patient feedback on study-designated PRI. **(Upcoming)**

**2012 Activities:** Recruitment of clinicians was finalized and the testing of the health IT-based intervention and Web-based surveys was completed for an anticipated go-live date in January 2013. Physician education and resource handouts were completed. In preparation for the trial, physicians were randomized to intervention and control arms and stratified by training status. As last self-reported in the AHRQ Research Reporting System, project progress and activities are on track and the project budget spending is on target.

**Preliminary Impact and Findings:** The project has no findings to date.

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**Target Population:** Adults, Chronic Care\*, Mental Health/Depression

**Strategic Goal:** Develop and disseminate health IT evidence and evidence-based tools to improve health care decisionmaking through the use of integrated data and knowledge management.

**Business Goal:** Implementation and Use

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*\*This target population is one of AHRQ's priority populations.*